

# CHARITABLE ORGANIZATIONS

**Attorney General of New Mexico**

**Registry of Charitable Organizations  
111 Lomas Blvd. NW Suite 300  
Albuquerque, New Mexico 87102**

**GARY KING  
Attorney General**

**Form CCO-2 (Revised 2/2007)**

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

**Instructions:** This form must be completed ONLY by charitable organizations that DO NOT file IRS Form 990. Every charitable organization shall file reports within 6 months of the close of its fiscal year.

**Accounting Period:**  
For the Year Beginning \_\_\_\_\_ 20\_\_\_\_ and Ending \_\_\_\_\_.

**Charitable Organization's Employer Identification Number:**

\_\_\_\_\_

**1. Name:**

\_\_\_\_\_

**2.**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Web Site URL:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

3. Names and addresses of all trustees or directors and officers of the organization: **PLEASE ATTACH**

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**4. Total Revenue:**

(contributions, gifts, grants, and similar amounts received)

**TOTAL \$**\_\_\_\_\_

**5. Expenses:**

**TOTAL \$**\_\_\_\_\_

**6. Total net assets at the beginning of the year: \$** \_\_\_\_\_

**7. Total net assets at the end of the year: \$** \_\_\_\_\_

**8. Statement of program service accomplishments:** (Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title.) **PLEASE ATTACH**

**Professional Fundraiser Information**

**9. Gross amount collected by each professional fundraiser who solicited funds on its behalf during the past fiscal year:**

**TOTAL \$**\_\_\_\_\_

**10. Net amount the organization received from each professional fundraiser who solicited funds on its behalf during the past fiscal year:**

**TOTAL \$**\_\_\_\_\_

**11. Attach copies of all contracts or other written agreements with professional fundraiser for the year preceding this report.**

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STATE OF NEW MEXICO )  
 ) SS  
COUNTY OF \_\_\_\_\_)

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
 Title Name of Charity

3. I believe the statements therein to be true and complete.

Date

Name

Notary Public

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